

Case Number:	CM15-0057307		
Date Assigned:	04/02/2015	Date of Injury:	10/16/2013
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 25-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of October 16, 2013. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for Naprosyn, Prilosec, and tramadol. A March 3, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a March 3, 2015 progress note, the applicant reports ongoing complaints of ankle pain status post earlier ORIF surgery in October 2013. The applicant had developed residual arthrofibrosis. The applicant was returned to regular duty work. 4-6/10 ankle pain complaints were reported. The applicant's medication list was not detailed on this occasion. Medication selection and medication efficacy were not explicitly discussed. The attending provider's progress note of March 3, 2015 suggested that the applicant was working without restrictions, a work status report of the same date, March 3, 2015, suggested that the applicant was precluded from heaving lifting and limited to semi-sedentary work. Thus, the work status report and the progress note of March 3, 2015 were internally inconsistent. It did not appear, thus, that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen 550mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; Nonselective NSAIDs; Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's progress notes, including the March 3, 2015 progress note at issue, failed to contain any discussion of medication efficacy. The applicant had seemingly failed to return to work following imposition of permanent work restrictions by an Agreed Medical Evaluator (AME). Ongoing usage of Naprosyn had failed to curtail the applicant's dependence on opioids agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Omeprazole 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, on the March 3, 2015 progress note at issue. Therefore, the request was not medically necessary.

Tramadol 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to have returned to work following imposition of permanent work restrictions by a medical-legal evaluator. The attending provider's documentation and progress notes, including the March 3, 2015 progress note at issue, failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of the ongoing tramadol usage. Therefore, the request was not medically necessary.